

12-06-01

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11/26/01

UTILITY  
PATENT APPLICATION  
TRANSMITTAL

Attorney Docket No.

21971

First Inventor

Paul Michael TIERNAN

Title

Loop Voltage Detection Circuit

Express Mail Label No.

EL 797 832 604 US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

1.	<input checked="" type="checkbox"/>	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
2.	<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	a.	<input type="checkbox"/>	Computer Readable Form (CFR)
3.	<input checked="" type="checkbox"/>	Specification [Total Pages 15]	b.	Specification Sequence Listing on:	
4.	<input checked="" type="checkbox"/>	Drawing(s) (35 USC 113) [Total Pages 6]	i.	<input type="checkbox"/>	CD-ROM or CD-R (2 copies); or
5.	Oath or Declaration [Total Pages 0]		ii.	<input type="checkbox"/>	paper
a.	<input type="checkbox"/>	Newly executed (original or copy)	c.	Statements verifying identity of above copies	
b.	<input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 16 completed)	<b>ACCOMPANYING APPLICATION PARTS</b>		
i.	<input type="checkbox"/>	<b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6.	<input checked="" type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	9.	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
7.	<input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	10.	<input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
			11.	<input type="checkbox"/>	English Translation Document (if applicable)
			12.	<input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
			13.	<input type="checkbox"/>	Preliminary Amendment
			14.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
			15.	<input type="checkbox"/>	Certified Copy of Priority Document(s) (If foreign priority is claimed)
			16.	<input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent
			17.	<input type="checkbox"/>	Other

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐

Continuation

☐

Divisional

☐

Continuation-in-part (CIP)

of prior application No.

Prior application information: Examiner

Group / Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted applications parts.

## 18. CORRESPONDENCE ADDRESS

Customer No. 24932

Name

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Lawrence E. Laubscher, Jr.

Registration No. 28,233

Signature

Date November 26, 2001

# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete If Known

Application Number	
Filing Date	November 26, 2001
First Named Inventor	Paul Michael TIERNAN
Examiner Name	
Group Art Unit	
Attorney Docket No	21971

TOTAL AMOUNT OF PAYMENT (\$)**740**

## METHOD OF PAYMENT (check one)

## FEE CALCULATION (continued)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No. **50-1936**  
Deposit Account Name:  
LAW OFFICE OF  
LAWRENCE E. LAUBSCHER, JR.

☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17.

Applicant claims small entity status. See 37 CFR 1.27

☒ Check Enclosed: **#1508**

## FEE CALCULATION

### BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	740
106	330	206	165	Design filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					(\$) <b>740</b>

## 3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of appeal	
121	280	221	140	Request for oral hearing	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
179	740	179	370	Request for Continued Examination (RCE)	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$) <b>0</b>

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim	
SUBTOTAL (2)					(\$) <b>0</b>

2. EXTRA CLAIM FEES

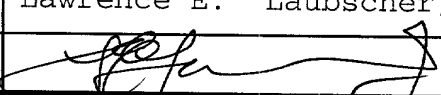
Total Claims 17 - 20\*\* = 0 X =

Independent Claims 3 - 3\*\* = 0 X =

Multiple Dependent Claims X =

\*\*or number previously paid, if greater.

## SUBMITTED BY

Typed or Printed Name	Lawrence E. Laubscher, Jr.	Registration No.	28,233
Signature		Date	November 26, 2001